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Bib Data Sheet

CONFIRMATION NO. 7806

<b>SERIAL NUMBER</b> 10/809,877	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> NC 84,641
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**\*\* CONTINUING DATA \*\*\*\*\*** CIP of 10/809877  
 This appln claims benefit of 60/457,940 03/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/11/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: 10/2/06 Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
22245

**TITLE**  
Rapid immunoassay of anthrax protective antigen in vaccine cultures and bodily fluids by fluorescence polarization

<b>FILING FEE RECEIVED</b> 1026	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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